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Email questions to customerservice@aiche.org. Or call toll-free at 1.800.242.4363 or 1.203.702.7660 (outside U.S.).

Membership forms must be:

- Mailed to AIChE PO Box 4429 Danbury, CT 06813-4429
- 2. Faxed to 1.203.775.5177
- 3. Emailed to customerservice@aiche.org



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AIChE® GIFT MEMBERSHIP FORM



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MAILING ADDRESS: HOME	BUSINESS		
			Address Line 2
			Zip Code Country
Phone			Bus Cell Email
			the recipient announcing your generosity. Iuctible to the extent allowed by law. Please consult your tax advisor for further information.
GIFT RECIPIENT(S)	Please attach a separ	ate form fo	or additional gifts.
Recipient 1 Membershi	ір Туре:		Recipient 2 Membership Type:
Professional Young Professional Graduate Student			Professional Young Professional Graduate Student
First Name			
Last Name			
Job Title			
MAILING ADDRESS: HOME BUSINESS			MAILING ADDRESS: HOME BUSINESS
Company/University			
Address Line 1			
Address Line 2			
City			
State			
Country			Country Home Bus Cell
PhoneEmail	HOITIE	Bus Cell	Email
Add a Local Section, Division, Forum, or Technological Community			Add a Local Section, Division, Forum, or Technological Community
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Graduation Date			Graduation Date
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